## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:  Shoupu Chen, et al.  METHOD AND SYSTEM FOR REAL-TIME REMOTE DIAGNOSIS OF IN VIVO IMAGES  Serial No. 10/790,478  Filed: 01 March 2004  Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450  Transmitted herewith is an amendment in the above-identified application:  X No additional fee is required.  The fee has been calculated as shown below:  CLAIMS  REMAINING AFTER PREVIOUSLY AFFER AFFE										
METHOD AND SYSTEM FOR REAL-TIME REMOTE DIAGNOSIS OF IN VIVO IMAGES  Serial No. 10/790,478  Filed: 01 March 2004  Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450  Transmitted herewith is an amendment in the above-identified application:  X No additional fee is required.  The fee has been calculated as shown below:  (Col. 1)  (Col. 2)  (Col. 3)  TREMANING AFTER PREVIOUSLY PRESUNT ABDITIONAL AFTER PREVIOUSLY PRESUNT PREVIOUSLY PRESUNT PREVIOUSLY PRESUNT PRESUNTATION OF MULTIPLE DEPENDENT CLAIM * 30  * THE THAN A SMALL FIELD * 50  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM * 50  * The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Carestream Health, Inc. Deposit Account No. 50-4233  X Any additional filing fees required under 37 CFR 1.16.  X Any patent application processing fees under 37 CFR 1.17. (For Extensions of Time and other Petitions to the Assistant Commissioner)	In re Application of:				Group Art Unit: 2624					
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450  Transmited herewith is an amendment in the above-identified application:  X No additional fee is required. The fee has been calculated as shown below:  (Col. 1)  (Col. 2)  (Col. 3)  (Col. 3)  (Col. 3)  (Col. 3)  (Col. 4)  (Col. 4)  (Col. 5)  (Col. 5)  (Col. 7)  (Col. 7)  (Col. 8)  (Col. 1)  (Col. 9)  (Col. 1)  (Col. 1)  (Col. 1)  (Col. 2)  (Col. 3)  (Col. 1)  (Col. 2)  (Col. 3)  (Col. 1)  (Col. 2)  (Col. 3)  (Col. 3)  (Col. 1)  (Col. 2)  (Col. 3)  (Col. 3)  (Col. 3)  (Col. 3)  (Col. 3)  (Col. 3)  (Col. 4)  (Col. 5)  (Col. 7)  (Col. 7)  (Col. 7)  (Col. 8)  (Col. 8)  (Col. 9)  (Col. 9)  (Col. 1)  (Col. 1)  (Col. 1)  (Col. 2)  (Col. 3)  (Col. 2)  (Col. 3)	Shoupu Chen, et al.				Examiner: Park, Edward					
Signature:	REAL-TIME REMOTE DIAGNOSIS				certifies that this correspondence is being filed using the USPTO's electronic filing system EFS-Web, and is addressed to:					
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450  Transmitted herewith is an amendment in the above-identified application:  X No additional fee is required. The fee has been calculated as shown below:  (Col. 1) (Col. 2) (Col. 3) OTHER THAN A SMALL ENTITY  CLAIMS ** REMAINING HIGHEST NO. AFTER PREVIOUSLY PRESENT AMENDMENT PAID FOR EXTRA RATE FEE  TOTAL 17 MINUS 20 0 X 52 S0 INDEP 3 MINUS 3 0 X 220 S0  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM + 370 \$0  * The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.  * The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Carestream Health, Inc. Deposit Account No. 50-4233  * Any additional filing fees required under 37 CFR 1.16.  X Any patent application processing fees under 37 CFR 1.17. (For Extensions of Time and other Petitions to the Assistant Commissioner)	Serial No. 10/790,478				Signature: Maren Suspellur &					
P.O. Box 1450 Alexandria, VA 22313-1450  Transmitted herewith is an amendment in the above-identified application:    No additional fee is required.	Filed: 01 March 2004									
The fee has been calculated as shown below:    Col. 1)	P.O. Box 1450 Alexandria, VA 22313-1450  Transmitted herewith is an amendment in the above-identified application:									
CLAIMS REMAINING AFTER PREVIOUSLY PAID FOR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM * TOTAL 17 MINUS 3 0 X 220 \$0  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM + 370 \$0  * The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.  The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Carestream Health, Inc. Deposit Account No. 50-4233  X Any additional filing fees required under 37 CFR 1.16.  X Any patent application processing fees under 37 CFR 1.17. (For Extensions of Time and other Petitions to the Assistant Commissioner)		-		wn helov	v*					
CLAIMS REMAINING AFTER PREVIOUSLY PRESENT AMENDMENT PAID FOR PREVIOUSLY PRESENT RATE FEE  TOTAL 17 MINUS 20 0 X 52 \$0 INDEP 3 MINUS 3 0 X 220 \$0 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM *370 *0 *TOTAL *TOTAL *50  ** The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.  Please charge MasterCard Credit Card  *0.  ** The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Carestream Health, Inc. Deposit Account No. 50-4233  ** Any additional filing fees required under 37 CFR 1.16.  ** Any patent application processing fees under 37 CFR 1.17. (For Extensions of Time and other Petitions to the Assistant Commissioner)  ** Any Additional filing fees required under 37 CFR 1.17.  ** Any Deposit Account No. 50-4233						(Col. 3)				
TOTAL 17 MINUS 20 0 X 52 S0 INDEP 3 MINUS 3 0 X 220 S0 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM + 370 S0 TOTAL S0  * The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.  Please charge MasterCard Credit Card \$0.  X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Carestream Health, Inc. Deposit Account No. 50-4233  X Any additional filing fees required under 37 CFR 1.16.  X Any patent application processing fees under 37 CFR 1.17.  (For Extensions of Time and other Petitions to the Assistant Commissioner)	REMAINING HIGHT AFTER PREVI		* EST NO. IOUSLY		DATE	1				
SO   STATE   SO   SO   SO   SO   SO   SO   SO   S	TOTAL.				*******	<b>.</b>				
* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.  Please charge MasterCard Credit Card \$0.  **The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Carestream Health, Inc. Deposit Account No. 50-4233  **X** Any additional filing fees required under 37 CFR 1.16.  **X** Any patent application processing fees under 37 CFR 1.17.  (For Extensions of Time and other Petitions to the Assistant Commissioner)  **Amy Deposit Account No. 50-4234  **Amy Deposit Account No. 50-4235  **Amy Deposi										
* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.  Please charge MasterCard Credit Card \$0.  X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Carestream Health, Inc. Deposit Account No. 50-4233  X Any additional filing fees required under 37 CFR 1.16.  X Any patent application processing fees under 37 CFR 1.17.  (For Extensions of Time and other Petitions to the Assistant Commissioner)										
* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.  Please charge MasterCard Credit Card \$0.  X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Carestream Health, Inc. Deposit Account No. 50-4233  X Any additional filing fees required under 37 CFR 1.16.  X Any patent application processing fees under 37 CFR 1.17.  (For Extensions of Time and other Petitions to the Assistant Commissioner)	TAGET INESERTATION OF MOLTIPLE D				DEFENDE	NI CLAIM				
in Col. 1 of a prior amendment or the number of claims originally filed.  Please charge MasterCard Credit Card \$0.  X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Carestream Health, Inc. Deposit Account No. 50-4233  X Any additional filing fees required under 37 CFR 1.16.  X Any patent application processing fees under 37 CFR 1.17.  (For Extensions of Time and other Petitions to the Assistant Commissioner)							TOTAL	\$0		
The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Carestream Health, Inc. Deposit Account No. 50-4233  X Any additional filing fees required under 37 CFR 1.16.  X Any patent application processing fees under 37 CFR 1.17.  (For Extensions of Time and other Petitions to the Assistant Commissioner)										
the following fees associated with this communication or credit any overpayment to Carestream Health, Inc. Deposit Account No. 50-4233  X Any additional filing fees required under 37 CFR 1.16.  X Any patent application processing fees under 37 CFR 1.17.  (For Extensions of Time and other Petitions to the Assistant Commissioner)  Mush J Mush L	Please charge MasterCard Credit Card							\$0.		
Susan L. Parulski/mjl  Attorney for Applicants	the following fees associated with this communication or credit any overpayment to Carestream Health, Inc. Deposit Account No. 50-4233  X Any additional filing fees required under 37 CFR 1.16.  X Any patent application processing fees under 37 CFR 1.17.									
	Susan L. Parulski/mjl  Attorney for Applicants									

Susan L. Parulski/mjl Telephone: 585-627-6716 Facsimile: 585-627-8919

Attorney for Applicants Registration No. 39,324